|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Texas Workforce Solutions logo | | | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Background Checks Attestation and**  **Release Form** | | | | | | | | | |
| **General Instructions** | | | | | | | | | | | | | | |
| **Purpose:** | | | | | | | | | | | | | | |
| The purpose of this form is to confirm that a criminal history check has been conducted on any individual who may  interact with VR customers, and whether that individual is cleared to interact with VR customers based on the results of the criminal history check.  The form also contains a release for disclosure of criminal history records information to  TWC for the purpose of considering an exception. | | | | | | | | | | | | | | |
| **Directions:** | | | | | | | | | | | | | | |
| Complete and retain this form on employees, subcontractors, and volunteers for the Contractor, who will interact with VR customers.  Record N/A when not applicable, leave no blanks.  The contractor, owner, director, or authorized representative completes the following sections on the form:   * Section 1: Contractor Information * Section 2: Background Check Subject Information (This section provides identifying information for the person required  to have the background check) * Section 4: Background Check Results * Section 5: Contractor Verification Signature   The individual subject to the background check reviews the form and completes Section 3.  Note: If more space is needed for additional, required information, the contractor, owner, director, or authorized representative may staple a separate sheet of paper with the information to this form. | | | | | | | | | | | | | | |
| **Section 1: Contractor Information** | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | | | | | | |
| **Doing Business As (DBA), when applicable:** | | | | | | | | | | | | | | |
| **List one of the following:** | | **Solicitation ID:** | | | | | | | | **Contract Number:** | | | | |
| **Phone Number:** | | | | Cell | | | | Business | | | | | | |
| **Physical Address** | | | | | | | | | | | | | | |
| **Street Address:** | | | | | | | | | | | | | | |
| **City:** | | | | | | **State:** | | | | **Zip:** | | | | **County:** |
| **Mailing Address**, **if different than physical address:** | | | | | | | | | | | | | | |
| **Street Address:** | | | | | | | | | | | | | | |
| **City:** | | | | | | **State:** | | | | **Zip:** | | | | **County:** |
| **Section 2: Background Check Subject Information** | | | | | | | | | | | | | | |
| **First Name:** | | | | **Middle Name:** | | | | | | | | **Last Name:** | | |
| Other names or spellings used (married, maiden, alias, etc.) **Not providing all names previously used by the individual may result in inaccurate results.** | | | | | | | | | | | | | | |
| No Other Names | Other First Name(s): | | | | | | Other Middle Name(s): | | | | | | Other Last Name(s): | |
|  | | | | | |  | | | | | |  | |
| **Home Street Address:** | | | | | | | | | | | | | | |
| **City:** | | | | | | **State:** | | | | **Zip:** | | | | **County:** |
| **Phone Number:** | | | Cell | | | | Residence | | | | | | Business | |
| **Date of Birth:** | | | | | | | **Gender:**  Male  Female | | | | | | | |
| **Birth City:** | | | | | | | **Birth State:** | | | | | | | |
| **Has this person lived out of the State of Texas?**  Yes  No | | | | | | | | | | | | | | |
| **Other than Texas, enter all previous states where the background check subject has resided:** | | | | | | | | | | | | | | |
| **Ethnicity** (must accompany race)**:**  Hispanic  Non-Hispanic | | | | | | | | | | | | | | |
| **Race:**   White  Asian  Black  American Indian or Alaskan Native  Native Hawaiian or Pacific Islander | | | | | | | | | | | | | | |
| **Will this person ever drive VR customers?**  Yes  No | | | | | | | | | | | | | | |
| **If yes, enter the driver license number and state of issuance:** | | | | | | | | | | | | | | |
| **License Number:** | | | | | | | **State:** | | | | | | | |
| **Section 3: Background Check Subject Verification and Authorization and**  **Consent for Disclosure of Criminal History Information** | | | | | | | | | | | | | | |
| By signing this **Background Checks Attestation and Release Form,** I verify that the information on this form contains no willful misrepresentation, and that the information given is true and complete to the best of my knowledge. | | | | | | | | | | | | | | |
| I give my consent for the contractor and its agent(s) to obtain criminal history information related to my application for employment, volunteer status, or contracted services. Any such information will be used solely for employment, volunteer status, or contracted services-related considerations and not for any other purpose. I understand that the information released is for official use and may be disclosed to third parties as necessary in the fulfillment of official responsibilities. | | | | | | | | | | | | | | |
| I authorize, consent, and grant permission for the contractor and its agent(s) to release any and all information regarding my criminal history to the Texas Workforce Commission. Any such information will be used solely for the purpose of determining whether  I may provide services or interact with VR customers. I waive any and all claims I may have with respect to providing such information. I understand that the contractor, agent(s),  and TWC are not responsible for the accuracy or  completeness of the information contained in such reports. I release the contractor, its agents, and TWC from any and all liability, claims, and lawsuits with  respect to the information obtained from any of all sources used by the contractor and its agent(s). I understand that TWC  may contact others and, at any time, seek proof of any information contained herein. I understand that any willful misrepresentation or failure to provide identifying information  within the stated time limit is a cause for denial or revocation of the approval to provide services to TWC, directly or indirectly.  I also understand that this authorization is a continuing authorization and will remain valid  until such time as I inform the contractor in writing that I revoke this authorization. | | | | | | | | | | | | | | |
| **Background Check Subject Printed Name:** | | | | | | | | | | | | | | |
| **Signature:** X | | | | | | | **Date Signed**: | | | | | | | |
| **Section 4: Background Check Results** | | | | | | | | | | | | | | |
| **Results of Criminal Background Search** | | | | | | | | | | | | | | |
| Initial Check: Date Ran:  Sex Offender Registry Search Date: | | | | | | | 36- Month Check: Date Ran:        Sex Offender Registry Search Date: | | | | | | | |
| **Relationship to the Contractor** (select all that apply)**:** | | | | | | | | | | | | | | |
| Staff | | | | Subcontractor | | | | | | | | Volunteer | | |
| Applicant for employment | | | | Applicant for volunteerism | | | | | | | | Other: | | |
| **Role or Job Duty:** | | | | | | | | | **Date Hired:** | | | | | |
| **Type of Search Conducted:** | | | | | | | | | | | **Results:**  Cleared  Not Cleared | | | |
| If the Background Subject was Not Cleared, list conviction(s) and date(s) of conviction(s) below: | | | | | | | | | | | | | | |
| Conviction(s) | | | | | | | | | Date(s) | | | | | |
|  | | | | | | | | |  | | | | | |
|  | | | | | | | | |  | | | | | |
| If Not Cleared, an exception: | | | | | | | | | | | | | | |
| Will not be sought. The Background Subject is not approved to have interaction with VR customers. | | | | | | | | | | | | | | |
| Was requested on       (date) and was  Granted  Denied on:       (date) | | | | | | | | | | | | | | |
| **Section 5: Contractor Verification Signature** | | | | | | | | | | | | | | |
| **By signing this Background Checks Attestation and Release Form**, I verify that the information on this form contains no willful misrepresentation, and that the information given is true and complete to the best of my knowledge. | | | | | | | | | | | | | | |
| I understand that TWC may contact others and, at any time, seek proof of any information contained herein. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial or revocation of the contract. | | | | | | | | | | | | | | |
| **Printed name of contractor, owner, director, or authorized representative:** | | | | | | | | | | | | | | |
| **Signature:** X | | | | | | | **Date Signed**: | | | | | | | |